

REGION COMMUNITY SERVICES INCIDENT REPORT

CONSUMER REPORTER LOCATION INFORMATION

Consumer #: _____ Sex: _____ Case #: _____ Region#: _____

Fname: _____ Lname: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Residential Opr: _____ Res Site Code: _____ 310: _____

Reported By: _____ Date Occurred: _____ Time Occurred: _____

Contact Relationship/Agency: _____ Contact Phone: _____

Received By: _____ Date Received: _____ Time Received: _____

Where Incident Occurred/Observe: _____

Prog/Loc. Opr.: _____ Loc. Site Code: _____ 310: _____

INCIDENT DETAIL INFORMATION

Primary Type Code: _____ Title: _____

Secondary (a) Code: _____ Title: _____ Secondary (b) Code: _____ Title: _____

Staff/other Involved: _____ Their status: _____

Incident Description: (If injury occurred, complete reverse side) _____

Signature: _____ Date: _____

Supervisory Action or Planned by Provider: _____

Signature: _____ Date: _____

Additional Instructions Given by RCS: _____

Signature: _____ Date: _____

NOTIFICATIONS:

Date reported: Advocacy _____ Family/Guardian _____ DHR _____

Date reported: 310 _____ Legal _____ Local Police _____

Investigating: DHR _____ Provider _____ 310 _____ Local Police _____ RCS _____